HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

MOSSMAN, BOYD POKI

STATE POSITION HELD: (Dept/Div or Board/Commission)

OHA TRUSTEE

TERM OF OFFICE (Begin/End):

12-04-02

12-04-06

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

esceived during the preceding calendar year, for services rendered, and the nature of the services rendered.						
F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED			
F	JUDICIAL SERVICES HAWAII	D	AITERNATI VE DISPUTE RESOLUT WEDDINGS			
F	ОНА	D	TRUSTEE			
F	STATE RETIREMENT SYSTEMS	E	RETIREE			
F	MAUI ELECTRIC COMPANY	В	ADVISORY COUNCIL			
·						
[]Check here if entry is None []Check here if additional sheets are attached						

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of

the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.					
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
F	JUDICIAL SERVICES HAWAII	ALTERNATIVE DISPUTE RESOLUTIONS	SOLE PROPRIETORSHIP		
			Observation of additional about	ata ara attachad	

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DI PERIOD	JRING THIS DISCLOSURE	DATE OF TRANSFER
[X]Check here if entry is None []Check here if additional sheets are attached			

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	HOMESTREET BANK	660,000	660,000
JT	USAA FEDERAL CREDIT UNION	25,000	25,000
JT	VISA FIRST HAWAIIAN	14,000	13,000
JT	USAA FEDERAL CREDIT UNION (auto)	25,000	30,000
JT	CHASE MANHATTAN BANK	15,000	13,000
			·

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

organization, the term of office, and the armual compensation.					
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION	
F	MAUI ELECTRIC COMPANY	ADVISOR	INDEFINITE	4,000	
F	POLYNESIAN CULTURAL CENTI	R DIRECTOR	3 YEARS	0	
F	OFFICE OF HAWAIIAN AFFAIRS		34 YEARS	41,000	
F	MAUI COMM. COLLEGE CHANCEL ADVISORY COUNCIL	LORS ADVISOR	INDEFINITE	0	
F	BOY SCOUTS OF AMERICA	DIRECTOR	1 YEAR	0	
F	KAMEHAMEHA SCHOOLS ADVISORY COUNCIL	ADVISOR	INDEFINITE	9	
\mathbf{F}	OLUWALU CULTURAL CENTER	DIRECTOR	INDEFINITE	0	
	A London Maria		Charle have if additional	choote are attached	
[]Check here if entry is None					

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. F.SP. STREET ADDRESS VALUE TAX MAP KEY NUMBER (IF TAX DC,JT MAP KEY NUMBER EXISTS) [X]Check here if entry is None []Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed. STREET ADDRESS AND TAX MAP KEY NUMBER (IF F.SP. **AMOUNT & NATURE OF** NAME OF PERSON DC,JT TAX MAP KEY NUMBER EXISTS) **CONSIDERATION PAID RECEIVING THE** CONSIDERATION [X]Check here if entry is None []Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S) List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed. NAME OF PERSON F.SP. STREET ADDRESS AND TAX MAP KEY AMOUNT & NATURE OF **CONSIDERATION RECEIVED FURNISHING THE** NUMBER (IF TAX MAP KEY NUMBER EXISTS) DC,JT CONSIDERATION

Check here if entry is None

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
•	· ·
•	·
[X]Check here if entry is None	[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

[X]Check here if entry is None

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

2-22-06

DATE